



CMS Informal Waiver Review Questions

Quality Improvement

Appendix F – Fair Hearing

Questions asked of:

- Adult Day Waiver Only
 - 45. Please specify the timeframe in which notice is provided.
 - 46. Please specify if the IDR process and timeline is identified and explained in the notice.
 - 47. Please note the IDR process cannot replace the individual's right to a fair hearing. Please explain the statement the IDR 'stays the appeals process'.

Appendix F-2 Additional Dispute Resolution Process

Questions asked of:

- Comprehensive Waiver Only
 - 63. It is clear informal dispute resolution needs to be requested within 90 days of the decision and any remaining time to request a fair hearing is communicated. How long does the IDR process take? Does the state collect data on IDR utilization and the number of decisions that continue through to a fair hearing?

Appendix F-3 State Grievance/Complaint System

Questions asked of:

- Both the Adult Day and Comprehensive Waiver
 - 48 & 64. Since the state does not operate a complaint system, how does the state afford participants the opportunity to register a complaint concerning the provision of services under the waiver?

Appendix G-1-b

Questions asked of:

- Adult Day Waiver Only
 - 49. Please specify how public complaints related to providers or participants are handled.
 - 50. Please specify how participant complaints are handled.

Appendix G-1-d. Participant Safeguards

Questions asked of:

- Comprehensive Waiver Only
 - 65. How is the individual or their representative informed of the results of the investigation? What is the timeframe for the release of the information after the completion of any investigation regardless of priority level?

Appendix G. Discovery and Remediation of Health and Welfare QIS

Questions asked of:

- Comprehensive Waiver Only
 - 71. In general, the state may wish to clearly identify the numerator and denominator in performance measures for clarity, e.g. N- the number of suspected incidents of abuse and neglect reported within timelines/ D-total incidents of suspected abuse and neglect.

Appendix H- Systems Improvement

Questions asked of:

- Both Adult Day and Comprehensive Waivers
 - 53 & 72 - How does the state stratify information from the respective HCBS waivers?

QIS

Questions asked of:

- Both Adult Day and Comprehensive Waivers
 - 78 & 104. All performance measures should have a numerator and denominator specifically identified in the measure.

QIS – B: Level of Care

Questions asked of:

- Both Comprehensive and Adult Day Waivers
 - 79 & 105. Regarding Sub-assurance (a): dd. The proposed performance measure (PM) does not address whether an evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. Please revise this PM to specifically address this issue.
- Adult Day Waiver Only
 - 80. Sub-assurance c – The first performance measure does not address whether the instruments described in the approved waiver are applied appropriately. Please revise the proposed measure or add a measure to address this sub-assurance.
- Comprehensive Waiver Only
 - 105. Regarding Sub-assurance (a): ee. The proposed PM should be in the form of a percentage. In its current form, the PM is simply an integer and does not provide a sense of compliance. Please revise the PM to describe the actual measurement to assure compliance.
 - 106. Regarding Sub-Assurance (c) The first proposed PM does not address whether the instruments described in the approved waiver are applied appropriately. We request that the State either revise the proposed PM or add an additional PM to measure that waiver instruments are used appropriately to determine participants' LOC.

QIS – C: Qualified Providers

Questions asked of:

- Both Comprehensive and Adult Day Waivers
 - 81 & 108. Regarding Sub-assurance (c): For the second proposed PM, how is it determined that an individual had no issues with their non-certified community supports provider performance? How does the state measure if an individual had issues with a non-certified provider outside of community supports? As a general matter the number of providers without performance issues is not an adequate proxy for whether the state has implemented its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the waiver. We recommend that the proposed PM be replaced with one that more accurately measures the sub-assurance.
- Comprehensive Waiver Only
 - 107. Regarding Sub-assurance (b): The first proposed PM only mentions background checks. Are there any other waiver requirements that must be met prior to non-licensed/non-certified provider approval? If so, please revise the PM to include those standards.

QIS – D. Service Plan

Questions asked of:

- Adult Day Waiver Only
 - 82. Sub-assurance a – None of the performance measures address whether service plans address all participants' personal goals.
 - 83. Sub-assurance c –The second performance measure does not adequately address the sub-assurance. It should be revised to address the number/percent of service plans that needed to be revised and were revised based on a change in need.
- Comprehensive Waiver Only
 - 109. Regarding sub-assurance (a): None of the PMs measure whether service plans address all participants' personal goals. We request that the state either revise the current PM or add an additional PM to measure that all participants' personal goals are addressed in the service plan.
 - 110. Regarding sub-assurance (c): The second proposed PM does not adequately address the sub-assurance. This PM only provides the number/percent of total service plans that were revised due to a change in a person's needs, not the percent of service plans that needed to be revised and were revised. Please revise this PM to appropriately measure the sub-assurance.
 - 111. Regarding sub-assurance (d): How will the state determine whether participants have received the appropriate type, scope, amount, duration, and frequency of services specified in the IPP?

QIS – G: Health and Welfare

Questions asked of:

- Both Comprehensive and Adult Day Waivers
 - 84 & 113. Regarding sub-assurance (b): Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents, to the extent possible.
 - 85 & 114. Regarding sub-assurance (c): Please consider revising the current PM or adding additional PMs that measure whether restrictive interventions occurred without a report being filed.
 - 86 & 115. Regarding sub-assurance (d): One or more PMs should be added to measure compliance with the state's overall health care standards.
- Comprehensive Waiver Only
 - 112. Regarding sub-assurance (a): We saw in the Evidentiary Report that CMS recommends that the state develop a PM to appropriately measure sub-assurance (a). We also saw that the state eliminated the first and second PMs from the prior waiver. Given CMS' concerns, we recommend that the state add additional PMs, which may include the prior PMs. The third proposed PM measures only the timeliness of reports of incidents of suspected abuse/neglect. This does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. Please develop additional PMs, as necessary, to measure all aspects of the sub-assurance. Also, we are concerned reports of incidents of suspected abuse/neglect, etc. are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it possible that some of these instances could go unreported. We urge the state to consider other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.